Separating Facts from Fiction: Confronting the COVID-19 “infodemic” as a public health threat

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"Everything we do before a pandemic will seem alarmist. Everything we do after a pandemic will seem inadequate. This is the dilemma we face but it should not stop us from doing what we can to prepare."

Michael Leavitt, 2007 Secretary of the U.S. Department of Health and Human Services
“We’re not just fighting an epidemic, we’re fighting an infodemic.”

Tedros Adhanom Ghebreyesus, WHO Director General
COVID-19 and misinformation

- Misinformation on social media is not a new problem
- In this pandemic misinformation has contributed to the deaths of thousands
- Combating misinformation seems insurmountable
- Fake news on social media has fueled the pandemic
- Coronavirus fake news is spreading faster than the virus
Common myths

- SARS-CoV-2 was created as a biological weapon by China
- Effective treatments already exist (e.g. hydroxychloroquine)
- A vaccine for COVID is available
Besides misinformation, social media has also helped the spread of racism and xenophobia.
Why do people believe and share false information related to COVID-19?

- **People fall for fake news when they use intuition**
  - Considering accuracy helps spot fake news
  - Individuals need to remember to stop and think about whether something is true before they share it with others

Older people spread more fake news, a deadly habit

• A decade ago, only 8% of Americans over 65 used a social media site. Today, that figure is up to 40%
• Older users probably have less experience with sensationalized content, like clickbait titles
• Falsehoods are 70% more likely to be retweeted than the truth
• Age is the strongest predictor of engagement with fake news
• General trust increases with age while the ability to spot liars declines
At a time where wearing masks and social distancing has profound power to slow or even stop the coronavirus outbreak, many Americans are choosing not to do it. Why has it been so hard to get people to adopt these simple measures?
WHO COVID-19 Mythbusters


FACT:
Studies show hydroxychloroquine does not have clinical benefits in treating COVID-19.

Hydroxychloroquine or chloroquine, a treatment for malaria, lupus, rheumatoid arthritis, and rheumatoid arthritis, has been quite risky as a possible treatment for COVID-19. Current data shows that this drug does not reduce deaths among hospitalized COVID-19 patients, nor help people with moderate disease.

The use of hydroxychloroquine and chloroquine is accepted as generally safe for patients with malaria and autoimmune disease, but in some where are not indicated and without medical supervision can cause serious side effects and should be avoided.

#Coronavirus #COVID19

FACT:
The prolonged use of medical masks can be uncomfortable. However, it does not lead to CO2 intoxication or oxygen deficiency.

While wearing a medical mask, make sure it fits properly and that it is tight enough to allow you to breathe normally. Do not re-use a disposable mask and always change it as soon as it gets damp.

* Medical masks (also known as surgical masks) are flat or pleated; they are affixed to the head with straps or have ear loops.

#Coronavirus #COVID19

**Most people who get COVID-19 have mild or moderate symptoms and can recover thanks to supportive care.**

If you have a cough, fever and difficulty breathing seek medical care early – call your health facility by telephone first.

If you have fever and live in an area with malaria or dengue seek medical care immediately.

#Coronavirus #COVID19
How to separate facts from fiction?

- Make sure that the information is coming from an authoritative source
- Check if the information has been recently published
- Trust the experts
- Carefully consider news that seems designed to elicit an emotional response
- Be careful to distinguish news from opinion
The 12-item Infodemic Response Checklist

- Provide more exposure and airtime for medical professionals, scientists, and public health personnel to provide authentic, useful, and transparent information for the public.
- Promote websites of public health organizations via search engines.
- Verify the accounts of public health personnel on popular social media platforms.
- Promote the posts of public health and medical professionals.
- Monitor engagement on social media platforms to control the messages being delivered.
- Establish programs that help people cope with stress and address their mental health concerns.
- Adopt an empathic style of communication to grab public attention and address health concerns.
- Promote dialog to understand people's perceptions and the motives behind their practices.
- Share personal experiences on social media to combat misinformation.
- Direct health communication strategies towards minority populations and people of different classes, races, and ethnicities.
- Develop educational material and speed the share of evidence-based science to address existing wrong perceptions, correct behaviors, and promote healthy practices.
- Increase investment in the research and development of health communication to explore and understand strategic ways of targeting different populations.

Conclusions

• Misinformation has been a major problem in this pandemic.
• It is important as scientists we invest in strategies to understand how we can best leverage mediums such as Twitter, Facebook, Instagram and others to ensure correct information is shared and promoted.
• It is time to think about developing training programs focused on positive, culturally competent, and effective communication to the public via social media so they know where to access truthful information.
• The scientific community should utilize social media as a way to educate, inform, and empower our public at large so we have global solidarity and collaboration based on evidence based action.